The Physician who attended any person in entation of this Certificate, accurately filled o responsible for the presentation of this Certificate, accurately filled out thin twenty-form down after the death of said deceased, or sooner, if to the Undertaker or other person superintending t requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OUT A PROPER CERTIFICATE. Date of Death, Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell correctly. If an Infant not named, give names of parents.} \end{array} \]

Sex, Male or Female, \{\text{Cross out the word not required in this line.} \} \] mala Age, Color, Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,..... Place of Death, Give Street and Number. acaste First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be for Place of Burial, Loa Date of Burial, 10. Undertaker, bene Medical Attendant. Place of Business, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

rne Special Attention of Physicians is Respectfully Invited to the Bemarks below, and to List of Diseases on back of

Regustran of Mital Statistics.

Days.

M. D.

OVER.

Permit No.

The special accention of rhysicians is respectfully invited to the Remarks below, and to list of Diseases on back or

With of Baltimore

Moulth Monartment

Permit No. 1062 office of Registre	ar of Yital Statistics. W	ard 6
The Physician who attended any person in a last illnes to the Undertaker or other person superintending the burnel requested so to do, under penalty of law	to the state of the state of this Certificate of the death of said de	
No Permit for Burial can be Obta	IN WINOUTS PROKER CERTIFICATE.	T
CERTIFICAT	FOR DEATH.	4
Date of Death, July 8. 188	27	
Full Name of Deceased, write legibly and spell correctly. If an Infant not named, give names of parents.	mes Meka	
Sex, Male or Female, (Cross out the word not required in this line.)		1
Age, Years,	Months,	Days
Color,	white	
Married, Single, Widow or Widower, {Cross out the wrequired in this	rords not }	
Occupation,	9 - 21	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	all foud.	
Duration of Residence in the City of Baltimor	re, A DD	100,
Place of Death, {Give Street and }	1. Chapp	The off
Cause of Death, Second (Immediate),	eining this	Mino
Duration of Last Sickness,  All the above information should be furnished by the Physician.	-day	
Place of Burial, SUEEL Some	3-1	7
Date of Burial ( 1887)	G. G. Xhele	M. D.
( Undertaker ) Trule to Vaga		7

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

( Place of Business, 8278 Durhe

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Poard of Health, City of Baltimore,

Permit No. A. 1063

OFFICE OF THEISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hour after the death of said deceased, or sconer, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,	J.	uly 8H	1887.	
Full Name of Deceased, { wr not not not of not of not	ite legibly and spell rectly. If an infant named, give names	Mielie	Mary Me	dler
See, Male or Female, { Cross ou require		0	4	
Age,	Years,	Three	Months,	Days.
Color, suhil	<b></b>	Sex,		
Married, Single, Widow or W	idower, { Cross out the wo	s line.		
Occupation,				
Birthplace, { State or country (and ho long in the United States, of foreign birth.	ii) Sa.	elmore		1
Duration of Residence in the	City of Baltimore	, Three	moutho	11
Place of Death, { Give street and }	1015	Chesop.	cakes St.	M
Cause of Death, { First (Prim	ary,)	hobra I.	afac teen	V
Duration of Last Sickness,	be furnished by the Ph	ystelan.	days	
Place of Burial, St. A	lphonsus	tem. of	100	_
Date of Burial,	ly 9 1 87	, 4,	Schwarz	M. D. Medical Attendant
(Undertaker, 9.	mana	)	un of	11 2
{ Undertaker, G. Place of Business, B.	n. 18 2 9/6	My Sto. Address	88 MA Unesa	Tosake - TT.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVES

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to List of Diseases on Back of
Permit No. A 1064 office of Region ar of Fitted Statistics. Ward 20
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the buril, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.  No Permit for Burial can be Obta and Walker a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 7th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Female
Age, SS Years, Months, Day
Color, Mule
Married, Single, Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, { First (Primary), PhThisis Second (Immediate), Assiliance
Duration of Last Sickness, Our Gear,
Place of Burial, Londer Park
Date of Burial, July 8 1887 Ales Denning ton M. I
( The dent about 1

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address, 505 A

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Permit 1. Department, City of Baltimore.  Permit 1. Office of Revisirer of Vital Statistics. Ward  The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the brist, within twenty for hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 8, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}  Sex, Male or Female, {Cross out the word not required in this line.}
Age, Years, // Months, Days
Cotor,
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 2037 - Biddle man Chester
Cause of Death, { First (Primary), Bastle Les Second (Immediate), Dearrhosa Central Congestion
Duration of Last Sickness, between one and two weeks  All the above information should be furnished by the Physician.
Place of Burial, Balto Country
Date of Burial, July 9 1887) MM D.
(Undertaker, John W. Jankson - Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

aroline Address, 1101

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dety of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remark	ks below, and to List of Diseas	ses on back of this Certificate
Bealth Departmenting	Myrof Balt	imore.
Permit 10. Office of Besistration  The Physician who attended any person in a last illness is responsite to the Undertaker or other person superintending the burial willin here requested so to do, under penalty of law.	of Vital Statistics.  The presentation of this by four hours of the death of the de	Ward  Certificate, accurately filled on of said deceased, or sooner,
TO FERMIT FOR BUREAL CAN BE OBTAINED	TROPER CERTIFIC	CATE.
CERTIFICATE (		Ή.
Date of Death, Tuly	1 .	711-
Full Name of Deceased, {Write legibly and spell correctly. It an Infant not named, give names of parents.  Sex, Male or Female, {Cross out the word not required in this line.}	ggie m	Viral
Age, 20 Years,	Months,	Days
Color, wh	ite	
Married, Single, Widow or Widower, {Cross out the words not required in this line.	}	. /
Occupation,		1/
Birth Place, {State or country, and how long in the United States, if of foreign birth.	elh-	<b>V</b>
Duration of Residence in the City of Baltimore,	,	
Place of Death, {Give Street and } & D. IV	. Wesh	J7 //
Cause of Death, Second (Immediate),	, cons	monno
Duration of Last Sickness,	month	J
Place of Burial, It Saturch Cenetry		
Date of Burial, July 4/82	4. 57 Mus	hole and to n

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 42, 6. West &

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Barial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Permit No. 1947 Office of Registranofavilal Statistics. Ward  The Physician who at ended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the total atthin thenty four total after the death of said deceased, or sooner, is requested so to do, under penalty of law.  No Permit for Burial can be a transfer a Proper Certificate.
Date of Death, July 87, 1887-
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not required in this line.}
Age, Years, Months, Days.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, Stat
Duration of Residence in the City of Baltimore, Lifeline
Place of Death, {Give Street and } Ar. Vencents Infant. Haylum  (First (Primary), Pol. Infantium
Cause of Death, { First (Primary), Second (Immediate), Second (Imm
Duration of Last Sickness, W. All the above information should be furnished by the Physician.
Place of Burial, Office beath beautiful
Date of Burial, of self 9th 188 ) 7. 2 Flannery M. D.
Undertaker, general Brancon J. J. Hawery M. D.  Place of Business Linesen St. Address 1701 St. Hill av.
Place of Business, Linescon Dr. Address, 170/01, Hell Con-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the same can be ascertained. and date of death.

Bealth	Office of Registre	and the of	Baltimo	ore.
Permit No. 1068	Office of Registr	ag of Vital Stat	tistics.	Ward &
to the Undertaker or other person	superintending the furial with	in twenty four hours after t	the death of said	deceased, or sooner, if
NO FERM	TIT FOR BURIAL CAN COURT	A I ROPER	CERTIFICATE.	Darforme

ne special Attention of Physicians is Respectfully Invited to the Remarks below, and to fist of Diseases on back of this Certificate.

CERTIFICATE OF DEATH.  Date of Death, July 8th, 1887-
(Write legibly and spell)
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } (Cross out the word not }
Age, Years, Months, Days.
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Leftine
Place of Death, {Give Street and } St. Vinceulo Infaul, Asylum
First (Primary), War asmus -
Cause of Death, Second (Immediate), Second (Immediate),
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, chew beath, beautiff
Date of Burial, July 9th 1881 7 7 Thomas
(Undertaker, John Branon M. D.
Place of Business, Sursian St. Address, 170/Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department Diff of Baltimore.
Permit No. 1069 Office of Registrar of Vital Statistics. Ward !!
The Physician who attended any person in a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burn within a last iller, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker of the Undertaker of the Undertaker or other persons accurately filled out, and the Undertaker of the Un
CEDTIFICATE OF DEATH
CERTIFICATE OF DEATH.
Date of Death, July 8t 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { required in this line. }
Age, o Years, 5 Weeks Months, O Days.
Color, Dark brown
Married, Single, Widow or Widower, {Cross out the words not } Unglo
Occupation, Rosie
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 5 Heeks
Place of Death, {Give Street and } No 251 Moore Ally
Cause of Death, { First (Primary), Hot weather Cause of Death, Second (Immediate), Cholera Infantion
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Strarp St-Cess
Date of Burial, July 9 87 1 12 . 16 16
(Undertaker, 19 mg Lang) Dery John M. D. Medical Attendant,
Place of Rusiness 65 - Mullen Address Con Jaid Mullens

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

	3 13 1503peoplary mirrora to the her			
Permit No	Department.	Will or	f Baltimi	ore.
Permit No. 1170	Office of Registrar	Sof Watal	Statistics.	Ward /S
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Permi	any person in a last illness, it responsible to the superintending the borial, within I law.  IT FOR BURIAL CAN BE OBTAINE	maible for the pre threats four roots	esentation of this Certifafter the death of said ROPER CERTIFICATE.	ficate, accurately filled out, deceased, or sooner, if
CER	TIFICATE	OF I	DEATH	. 0
Date of Death,		July 8"	1887	
		() 0 1		

Date of Death,		Jul	181. 188.	7	
Full Name of De	ceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	0 9	Julian	Rimo	
Sex, Male or Fen	nale, { Cross out the word not }		• • • • • • • • • • • • • • • • • • • •		
Age,	Years,	2	Months,	11	Days
Color,			21	hite	-
Married, Single,	Widow or Widower, {Cross of required	out the words not }			1
Occupation,	·····	*******************************			
Birth Place, State of long in if of for	r country, and how the United States,		Bal	to /	
	dence in the City of Ba	ltimore,			
Place of Death, {	Give Street and Number.	0 0	26 amb	ng dr	
Cause of Death,	First (Primary),		olera i	nfaulti	٠
Duration of Last	Sickness,		' '/	ws	
	Sedar Hill Cern	elery			
	uly 9 1887	0	00	,	
	Bernard Har	le 20	-0 /2 2	Medical Attenda	M. D.
Place of Busin	ess, 1/5 Treat St	Address	25 Coli	melia c	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]